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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SCENIC HUDSON, INC.			D Employer identification number 13-2898799	
	Doing Business As			E Telephone number (845) 473-4440	
	Number and street (or P.O. box if mail is not delivered to street address) ONE CIVIC CENTER PLAZA			Room/suite 200	G Gross receipts \$ 6,833,811.
	City or town, state or country, and ZIP + 4 POUGHKEEPSIE, NY 12601			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: EDWARD O. SULLIVAN SAME AS C ABOVE			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ►	
J Website: ► WWW.SCENICHUDSON.ORG			K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		
			L Year of formation: 1975 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR A DESCRIPTION OF THE ORGANIZATION'S MISSION.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 24	7b	0.
		Prior Year	Current Year
		5,231,608.	3,223,990.
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,738,100.	2,054,376.
	9 Program service revenue (Part VIII, line 2g)	605,456.	212,887.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,449.	1,728.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,587,613.	5,492,981.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,834,880.	204,422.
		4,151,502.	4,327,371.
		1,420,660.	1,126,744.
		7,407,042.	5,853,037.
		180,571.	<360,056. >
		Beginning of Year	End of Year
Expenses	20 Total assets (Part X, line 16)	33,186,363.	31,656,594.
	21 Total liabilities (Part X, line 26)	5,384,395.	5,299,420.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,801,968.	26,357,174.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
Sign Here	Signature of officer EDWARD O. SULLIVAN, PRESIDENT Type or print name and title
Date Oct 21, 2010	

Paid Preparer's Use Only	Preparer's signature Mark S. Paneth CPA	Date 10/19/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 622 THIRD AVENUE NEW YORK, NY 10017	EIN ►		Phone no. ► 212 503-8800

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

9/16-21

Part III Statement of Program Service Accomplishments (see instructions)1 Briefly describe the organization's mission:

SCENIC HUDSON IS DEDICATED TO PROTECTING AND RESTORING THE HUDSON RIVERS, ITS RIVERFRONT AND THE MAJESTIC VISTAS AND WORKING LANDSCAPES BEYOND AS AN IRREPLACEABLE NATIONAL TREASURE FOR AMERICA AND A VITAL RESOURCE FOR RESIDENTS AND VISITORS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 4,220,987. including grants of \$ 204,422.) (Revenue \$ 2,056,104.)
LAND ACQUISITION AND CONSERVATION - SCENIC HUDSON CONSERVES THE LAND THAT MATTERS MOST ALONG THE HUDSON RIVER BETWEEN NEW YORK CITY AND ALBANY. THESE LANDS CONTRIBUTE TO WORLD-CLASS SCENIC VIEWS, UNLOCK ACCESS TO THE HUDSON RIVER, PROVIDE CRITICAL FARMLAND AND CONTAIN OR BUFFER IMPORTANT RIVER HABITATS. IN PRESERVING AND ENHANCING THESE IRREPLACEABLE RESOURCES, WE OFTEN CONTRIBUTE TO PROJECTS INITIATED BY COMMUNITIES SEEKING STRONGER CONNECTIONS WITH THE HUDSON RIVER. SCENIC HUDSON HELPS RESIDENTS AND COMMUNITIES PREVENT OR RESHAPE POORLY DESIGNED, LARGE-SCALE PROJECTS ALONG THE HUDSON RIVER WHILE PROMOTING REUSE AND RESTORATION OF WATERFRONTS AS PUBLIC AND NATURAL RESOURCES. WE SUPPORT PROJECTS THAT ARE APPROPRIATELY SCALED AND THAT PROVIDE PLENTY OF OPEN SPACE AND OPPORTUNITIES FOR RECREATION. WE BRING TO BEAR

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 4,220,987. (Must equal Part IX, Line 25, column (B).)

Part IV: Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5 N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14a X 14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24a X 24b 24c 24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25a X 25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV: Checklist of Required Schedules (continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.

a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV

b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV

c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a	X	
28b	X	
28c	X	
29	X	
30		X
31	X	
32	X	
33		X
34	X	
35		X
36		X
37		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	19
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	68
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► IRELAND, CAYMAN ISLANDS		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7c	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7d	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9b	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	Section 501(c)(7) organizations. Enter: N/A	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
		12b	

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Part VI **Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
1a	28	
1b	28	
2	X	
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9a		X
9b		
10	X	
11		X

1a Enter the number of voting members of the governing body
 1b Enter the number of voting members that are independent
 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
 5 Did the organization become aware during the year of a material diversion of the organization's assets?
 6 Does the organization have members or stockholders?
 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body?
 b Each committee with authority to act on behalf of the governing body?
 9a Does the organization have local chapters, branches, or affiliates?
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990
 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

	Yes	No
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
 13 Does the organization have a written whistleblower policy?
 14 Does the organization have a written document retention and destruction policy?
 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision
 a The organization's CEO, Executive Director, or top management official?
 b Other officers or key employees of the organization?
 Describe the process in Schedule O. (see instructions)
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NY, CT, PA, NJ**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JOE KAZLAUSKAS - (845) 473-4440**
ONE CIVIC CENTER PLAZA, SUITE 200, POUGHKEEPSIE, NY 12601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
FREDERIC C. RICH CHAIR	2.00	X		X			0.	0.	0.
JAMES C. GOODFELLOW VICE CHAIR	1.00	X		X			0.	0.	0.
PATRICK W. MCMULLAN VICE CHAIR	1.00	X		X			0.	0.	0.
DAWN WATSON SECRETARY	1.00	X		X			0.	0.	0.
GARY A. GLYNN TREASURER	1.00	X		X			0.	0.	0.
KRISTIN GAMBLE ASSISTANT TREASURER	1.00	X		X			0.	0.	0.
EUGENIE BIRCH DIRECTOR	1.00	X					0.	0.	0.
WILLIAM M. EVARTS JR. DIRECTOR	1.00	X					0.	0.	0.
IRVINE D. FLINN DIRECTOR	1.00	X					0.	0.	0.
JOHN HABICH SOLOMON DIRECTOR	1.00	X					0.	0.	0.
KATHLEEN HAMMER DIRECTOR	1.00	X					0.	0.	0.
MARJORIE L. HART DIRECTOR/FORMER CHAIR	1.00	X					0.	0.	0.
STEPHEN W. HARTY DIRECTOR	1.00	X					0.	0.	0.
LISINA M. HOCH DIRECTOR	1.00	X					0.	0.	0.
ANNE E. IMPELLIZZERI DIRECTOR	1.00	X					0.	0.	0.
KLAUS JACOB DIRECTOR	1.00	X					0.	0.	0.
GRETCHEN LONG DIRECTOR	1.00	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
DAVID H. MORTIMER DIRECTOR	1.00	X					0.	0.	0.
MARK ORDAN DIRECTOR	1.00	X					0.	0.	0.
NICHOLAS PLATT DIRECTOR	1.00	X					0.	0.	0.
RUDOLPH S. RAUCH III DIRECTOR	1.00	X					0.	0.	0.
DAVID N. REDDEN DIRECTOR/FORMER CHAIR	1.00	X					0.	0.	0.
ALEXANDER REESE DIRECTOR	1.00	X					0.	0.	0.
LEIGH SEIPPEL DIRECTOR	1.00	X					0.	0.	0.
ANDREW SIDAMON-ERISTOFF DIRECTOR	1.00	X					0.	0.	0.
PHYLLIS TAYLOR DIRECTOR	1.00	X					0.	0.	0.
NIGEL WIDDOWSON DIRECTOR	1.00	X					0.	0.	0.
1b Total							1,079,541.	0.	157,247.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 7

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
 3 X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
 4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person
 5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELING SERVICES 461 FIFTH AVENUE, NEW YORK, NY 10017	FUNDRAISING CONSULTANT	236,250.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 26,115.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3197875.			
	g Noncash contributions included in lines 1a-1f \$	145,844.			
	h Total. Add lines 1a-1f	► 3,223,990.			
Program Service Revenue	2 a PYMITS FROM LAND TRUST	Business Code 900099	2,054,376.	2,054,376.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 2,054,376.			
	3 Investment income (including dividends, interest, and other similar amounts)	► 220,254.			220,254.
4 Income from investment of tax-exempt bond proceeds	►				
5 Royalties	►				
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	►			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less cost or other basis and sales expenses	1333463.			
	c Gain or (loss)	1340830.			
	d Net gain or (loss)	<7,367.►			<7,367.►
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events	►				
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	►				
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue	Business Code				
11 a MISCELLANEOUS	900099	1,728.	1,728.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	► 1,728.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	► 5,492,981.	2,056,104.	0.	212,887.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	204,422.	204,422.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	774,311.	359,327.	174,187.	240,797.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,902,862.	2,402,611.	109,052.	391,199.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	101,777.	85,941.	2,721.	13,115.
9 Other employee benefits	303,256.	236,325.	18,719.	48,212.
10 Payroll taxes	245,165.	185,228.	18,298.	41,639.
11 Fees for services (non-employees):				
a Management				
b Legal	31,856.	22,710.	9,146.	
c Accounting	22,975.		22,975.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	194,500.			194,500.
f Investment management fees	18,300.		18,300.	
g Other	147,177.	127,459.	12,054.	7,664.
12 Advertising and promotion				
13 Office expenses	130,052.	86,056.	14,604.	29,392.
14 Information technology				
15 Royalties				
16 Occupancy	397,093.	290,299.	46,169.	60,625.
17 Travel	124,018.	95,489.	11,560.	16,969.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,661.	5,661.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM/PUBLIC OUTREACH	224,791.	109,279.	27,146.	88,366.
b EQUIPMENT MAINTENANCE	24,821.	10,180.	14,460.	181.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,853,037.	4,220,987.	499,391.	1,132,659.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	71,360.	1	18,409.
	2 Savings and temporary cash investments	2,369,145.	2	1,838,682.
	3 Pledges and grants receivable, net	19,453,590.	3	19,491,197.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,065.	9	60,624.
	10a Land, buildings, and equipment: cost basis	124,502.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	96,678.	10c	27,824.
	11 Investments - publicly traded securities	7,310,959.	11	5,795,358.
	12 Investments - other securities. See Part IV, line 11	804,951.	12	1,148,078.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,102,808.	15	3,276,422.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	33,186,363.	16	31,656,594.
Liabilities	17 Accounts payable and accrued expenses	384,395.	17	299,420.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,000,000.	23	5,000,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,384,395.	26	5,299,420.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,303,781.	27	8,260,443.
	28 Temporarily restricted net assets	18,498,187.	28	18,096,731.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	27,801,968.	33	26,357,174.
	34 Total liabilities and net assets/fund balances	33,186,363.	34	31,656,594.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b Were the organization's financial statements audited by an independent accountant?		2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	X
b If "Yes," did the organization undergo the required audit or audits?		3b	

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

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Name of the organization

SCENIC HUDSON, INC.

Employer identification number

13-2898799

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part I **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5075501.	3215599.	20678686.	5231608.	3223990.	37425384.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	5075501.	3215599.	20678686.	5231608.	3223990.	37425384.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						529,099.
6 Public Support. Subtract line 5 from line 4						36896285.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5075501.	3215599.	20678686.	5231608.	3223990.	37425384.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	140,683.	212,092.	250,086.	366,347.	220,254.	1189462.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,893.	15,407.		12,499.	1,728.	33,527.
11 Total support. Add lines 7 through 10						38648373.
12 Gross receipts from related activities, etc. (see instructions)					12	3,792,856.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 95.47 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 97.70 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2008

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
SCENIC HUDSON, INC.	13-2898799

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		1,380.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		13,112.	
c Total lobbying expenditures (add lines 1a and 1b)		14,492.	
d Other exempt purpose expenditures		6,080,545.	
e Total exempt purpose expenditures (add lines 1c and 1d)		6,095,037.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		454,752.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		113,688.	
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.	
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	332,632.	337,880.	428,608.	454,752.	1,553,872.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,330,808.
c Total lobbying expenditures	20,682.	23,018.	30,318.	14,492.	88,510.
d Grassroots non-taxable amount	83,158.	84,470.	107,152.	113,688.	388,468.
e Grassroots ceiling amount (150% of line 2d, column (e))					582,702.
f Grassroots lobbying expenditures	522.	5,252.	12,183.	1,380.	19,337.

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	4	
	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

SCENIC HUDSON, INC.

Employer identification number
13-2898799

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
2a	26
2b	816.00
2c	1
2d	0

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► 0

4 Number of states where property subject to conservation easement is located ► 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► 781

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ 26,561.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

Part IV: Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If "Yes," explain the arrangement in Part XIV

Part V: Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,873,419.				
b Contributions	413,809.				
c Investment earnings or losses	<885,362. >				
d Grants or scholarships					
e Other expenditures for facilities and programs	335,000.				
f Administrative expenses					
g End of year balance	7,066,866.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 100.00 %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations
 (ii) related organizations
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	X
3a(ii)	X
3b	

Part VI: Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		23,910.	23,910.	0.
d Equipment		100,592.	72,768.	27,824.
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

► 27,824.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

• (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
LIMITED PARTNERSHIPS - EQUITY		
SECURITIES	622,445.	END-OF-YEAR MARKET VALUE
ALTERNATIVE INVESTMENTS	525,633.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►	1,148,078.	

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ► 1,148,078.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
ASSETS HELD IN SPLIT-INTEREST AGREEMENTS	160,088.
DUE FROM RELATED PARTY	3,116,334.
</td	

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,492,981.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	5,853,037.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<360,056. >
4 Net unrealized gains (losses) on investments	4	<1,056,736. >
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	<28,002. >
9 Total adjustments (net). Add lines 4-8	9	<1,084,738. >
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,444,794. >

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	4,427,521.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	<1,056,736. >
b Donated services and use of facilities	2b	242,000.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	<232,424. >
e Add lines 2a through 2d	2e	<1,047,160. >
3 Subtract line 2e from line 1	3	5,474,681.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,300.
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	18,300.
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,492,981.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	5,872,315.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	242,000.
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	242,000.
3 Subtract line 2e from line 1	3	5,630,315.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,300.
b Other (Describe in Part XIV)	4b	204,422.
c Add lines 4a and 4b	4c	222,722.
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,853,037.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART II, LINE 5: THE ORGANIZATION'S POLICIES ON CONSERVATION EASEMENT

MONITORING AND VIOLATIONS CONFORM TO LAND TRUST ALLIANCE STANDARDS AND PRACTICES. THE POLICIES REQUIRE THAT EACH CONSERVATION EASEMENT IS MONITORED ANNUALLY BY A PHYSICAL INSPECTION OF THE PROPERTY. IF ANY VIOLATION OF THE CONSERVATION EASEMENT HAS OCCURRED, THE LANDOWNER IS NOTIFIED BY CERTIFIED LETTER OF THE VIOLATION. WHEN APPROPRIATE, THE LETTER OUTLINES CORRECTIVE MEASURES THAT WILL MITIGATE THE PROBLEMS.

LEGAL ACTION, AUTHORIZED BY THE BOARD, MAY BE TAKEN IN THE EVENT THAT A

Part XIV Supplemental Information (continued)

LANDOWNER DISREGARDS THE TERMS OF THE EASEMENT AND /OR REFUSES TO TAKE CORRECTIVE MEASURES.

PART II, LINE 9: PURCHASED EASEMENTS ARE EXPENSED IN THE PERIOD ACQUIRED.

PART V, LINE 4: THE BOARD DESIGNATED (QUASI-ENDOWMENT) WAS ESTABLISHED TO ENSURE SCENIC HUDSON'S FISCAL STABILITY AND PROVIDE EMERGENCY FUNDS FOR PURPOSES APPROVED BY THE BOARD.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: -28002.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: -28002.

GRANTS TO THE SCENIC HUDSON LAND TRUST, INC.: -204422.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO THE SCENIC HUDSON LAND TRUST, INC.: 204422.



Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Employer identification number
13-2898799

SCENIC HUDSON, INC.

13-2898799

Part II **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
COMMUNITY COUNSELLING SERVICES, LLC	FUNDRAISING COUNSEL		X	0.	194,500.	<194,500.>

Total

194,500. 194,500.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
1	Gross receipts				
2	Less: Charitable contributions				
3	Gross revenue (line 1 minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
7	Other direct expenses				
8	Direct expense summary. Add lines 4 through 7 in column (d)				► ()
9	Net income summary. Combine lines 3 and 8 in column (d)				► ()

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				► ()

9 Enter the state(s) in which the organization operates gaming activities: _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

9a _____

<input type="checkbox"/>	<input type="checkbox"/>

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a _____

<input type="checkbox"/>	<input type="checkbox"/>

11 _____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

12 _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a _____

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States Schedule 1-1 (Form 990) if additional space is needed

d States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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SCEDULE 2: PROJECTS ARE MONITORED BY A THIRD PARTY

CONCERN MANT

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SCENIC HUDSON, INC.

Employer identification number

13-2898799

Part I: Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1a		
1b	X	

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

2	
1b	X
3	
4a	
4b	X
4c	X

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- Receive a severance payment or change of control payment?
- Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

5a	X
5b	X

6a	X
6b	X

7	X
8	X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that are not listed on Form 990, Part VI

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VI, line 1a.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: THE PRESIDENT IS A MEMBER OF THE YALE CLUB OF NEW YORK CITY AND SCENIC HUDSON, INC. PAYS THE DUES. THE DUES PAID BY SCENIC HUDSON, INC. AMOUNTED TO \$886 AND ARE INCLUDED IN NON-TAXABLE BENEFITS (PART II, COLUMN D) OF SCHEDULE J.

PART I, LINE 4B: SCENIC HUDSON, INC. AND EDWARD SULLIVAN ENTERED INTO A LONG-TERM EMPLOYMENT AGREEMENT UNDER IRC SECTION 457(F). THE TERMS OF THE AGREEMENT RUN THROUGH DECEMBER 31, 2014 AT WHICH TIME MR. SULLIVAN WILL COMPLETE HIS COMMITMENT AND RECEIVE A ONE-TIME LUMP SUM PAYMENT OF \$500,000.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

SCENIC HUDSON, INC.

Employer Identification number
13-2898799

Part I: Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SCENIC HUDSON, INC.

Employer identification number

13-2898799

Part II Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE
NUMBER OF PUBLICLY TRADED STOCK CONTRIBUTIONS DURING THE FISCAL YEAR
ENDED JUNE 30, 2009.

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SCENIC HUDSON, INC.

Employer identification number
13-2898799

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

TECHNICAL EXPERTISE AND TIME-TESTED EXPERIENCE IN COMMUNITY PLANNING IN

HELPING COMMUNITIES CREATE RIVERFRONT GROWTH THAT PROVIDES ECONOMIC

ASSETS INSTEAD OF BURDENS. WITH MUNICIPALITIES AND DIVERSE PARTNERS,

SCENIC HUDSON CREATES AND MANAGES BEAUTIFUL PARKS THAT HELP CONNECT

PEOPLE WITH THE INSPIRATION OF THE HUDSON RIVER. THIS INVOLVES

SAFEGUARDING IRREPLACABLE LANDS AND VITAL ECOSYSTEMS AND RECLAIMING

POLLUTED AND NEGLECTED URBAN WATERFRONTS. THE PARKS ARE OUTDOOR

CLASSROOMS FOR NUMEROUS AREA SCHOOLS AND HELP TEACH ENVIRONMENTAL

STEWARDSHIP. SCENIC HUDSON ENGAGES CONSTITUENTS ON A VARIETY OF LAND

USE ADVOCACY ISSUES THROUGH WEB-BASED TECHNOLOGIES. IMPORTANT

INFORMATION ON PARK EVENTS AND COMMUNITY ACTION IS ROUTINELY PROVIDED.

USERS FIND TRAIL MAPS AND DRIVING DIRECTIONS AT THE CLICK OF A BUTTON.

THE PUBLIC IS KEPT INFORMED OF LAND USE ISSUES IMPORTANT TO RESIDENTS

OF THE HUDSON VALLEY. CALLS TO ACTION TO PROTECT THE ENVIRONMENT ARE A

CORNERSTONE OF SCENIC HUDSON'S WORK.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S 990 IS REVIEWED, IN DETAIL, BY THE AUDIT COMMITTEE - IN AN OPEN MEETING WHICH ALL BOARD MEMBERS ARE INVITED TO ATTEND. COPIES OF THE 990 ARE DISTRIBUTED TO THE FULL BOARD ELECTRONICALLY AT LEAST 15 DAYS PRIOR TO FILING AND BOARD MEMBERS ARE ENCOURAGED TO CALL A MEMBER OF THE AUDIT COMMITTEE, PRESIDENT OR CF&OO IF THEY HAVE ANY QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND ALL STAFF ARE REQUIRED TO ANNUALLY REVIEW AND SIGN THE ORGANIZATION'S CONFLICT OF

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SCENIC HUDSON, INC.

Employer identification number
13-2898799

INTEREST POLICY. BOARD MEMBERS WHO MAY HAVE ANY REAL OR PERCEIVED CONFLICTS OF INTEREST ABSTAIN FROM DISCUSSION AND VOTING. CONFLICTS OF INTEREST INVOLVING STAFF SITUATIONS WHICH MAY ARISE (REAL OR PERCEIVED) ARE REVIEWED BY SENIOR MANAGEMENT. ISSUES INVOLVING EXECUTIVES ARE REVIEWED BY THE EXECUTIVE COMMITTEE AND/OR LEGAL COUNSEL.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMPENSATION IS DETERMINED BY THE BOARD CHAIRMAN AND PRESIDENT IN CONSULTATION WITH THE HUMAN RESOURCES COMMITTEE OF THE BOARD. THIS COMMITTEE ENGAGES A THIRD PARTY COMPENSATION CONSULTANT WHO PROVIDES A MARKET ANALYSIS WITH RECOMMENDATIONS. THE COMMITTEE ALSO INCORPORATES FIRST HAND RESEARCH DATA ON COMPARABLE ORGANIZATIONS IN SCENIC HUDSON'S GEOGRAPHIC AREA IN THEIR RECOMMENDATIONS.

FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE 990 ARE AVAILABLE ON THE ORGANIZATION'S BOARD EXTRA-NET AND ON THE ORGANIZATION'S WEBSITE WWW.SCENICHUDSON.ORG.

THE FOLLOWING CORPORATE GOVERNANCE DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE ([HTTP://WWW.SCENICHUDSON.ORG/WHATYOUCANDO/DONATE/GOVERNANCE DOCUMENTS](http://WWW.SCENICHUDSON.ORG/WHATYOUCANDO/DONATE/GOVERNANCE DOCUMENTS)):

* FORM 990

* AUDITED FINANCIAL STATEMENTS

* CERTIFICATE OF INCORPORATION

* CORPORATE BY-LAWS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Inspection

Name of the organization

SCENIC HUDSON, INC.

Employer identification number
13-2898799

* **WHISTLEBLOWER POLICY**

* **CONFLICT OF INTEREST POLICY**

FORM 990, PART IV, LINE 12:

CLARIFICATION RELATED TO QUESTION ON AUDITED FINANCIAL STATEMENTS:

**FORM 990, PART IV, LINE 12 HAS BEEN ANSWERED "YES" SINCE THE
ORGANIZATION WAS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF
SCENIC HUDSON, INC. AND THE SCENIC HUDSON LAND TRUST, INC. HOWEVER,
SEPARATE AUDITED FINANCIAL STATEMENTS WERE NOT PREPARED FOR THE
ORGANIZATION.**

FORM 990, PART I, LINE 1:

**DESCRIPTION OF THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES:
SCENIC HUDSON IS DEDICATED TO PROTECTING AND RESTORING THE HUDSON
RIVER, ITS RIVERFRONT AND THE MAJESTIC VISTAS AND WORKING LANDSCAPES
BEYOND AS AN IRREPLACEABLE NATIONAL TREASURE FOR AMERICA AND A VITAL
RESOURCE FOR RESIDENTS AND VISITORS.**

Related Organizations and Unrelated Partnerships
and by organizations that answered "Yes" to Form 990
► See separate instructions.

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

SCENIC HUDSON, INC.

Identification of Disregarded Entities

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE SCENIC HUDSON LAND TRUST, INC. -	23-7148333, 1 CIVIC CENTER PLAZA, SUITE 200,	POUGHKEEPSIE, NY 12601	ACQUIRE LAND FOR PUBLIC USE	NEW YORK	501(C)(3)
					LINE 11, TYPE I
					N/A

LIHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?	(I) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions With Related Organizations

	Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a <input checked="" type="checkbox"/>	X
b Gift, grant, or capital contribution to other organization(s)	1b <input checked="" type="checkbox"/>	X
c Gift, grant, or capital contribution from other organization(s)	1c <input checked="" type="checkbox"/>	X
d Loans or loan guarantees to or for other organization(s)	1d <input checked="" type="checkbox"/>	X
e Loans or loan guarantees by other organization(s)	1e <input checked="" type="checkbox"/>	X
f Sale of assets to other organization(s)	1f <input checked="" type="checkbox"/>	X
g Purchase of assets from other organization(s)	1g <input checked="" type="checkbox"/>	X
h Exchange of assets	1h <input checked="" type="checkbox"/>	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i <input checked="" type="checkbox"/>	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j <input checked="" type="checkbox"/>	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k <input checked="" type="checkbox"/>	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l <input checked="" type="checkbox"/>	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m <input checked="" type="checkbox"/>	X
n Sharing of paid employees	1n <input checked="" type="checkbox"/>	X
o Reimbursement paid to other organization for expenses	1o <input checked="" type="checkbox"/>	X
p Reimbursement paid by other organization for expenses	1p <input checked="" type="checkbox"/>	X
q Other transfer of cash or property to other organization(s)	1q <input checked="" type="checkbox"/>	X
r Other transfer of cash or property from other organization(s)	1r <input checked="" type="checkbox"/>	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) THE SCENIC HUDSON LAND TRUST, INC.	B	355,185.
(2) THE SCENIC HUDSON LAND TRUST, INC.	D	556,803.
(3) THE SCENIC HUDSON LAND TRUST, INC.	K	189,376.
(4) THE SCENIC HUDSON LAND TRUST, INC.	M	75,930.
(5) THE SCENIC HUDSON LAND TRUST, INC.	N	1,789,070.
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.